



EmployeeUPDATE

Our Mission: The North Carolina Department of Health and Human Services, in collaboration with its partners, protects the health and safety of all North Carolinians and provides essential human services.

A monthly publication for employees of the North Carolina Department of Health and Human Services

LEMONS or LEMONADE?

A message from Secretary Lanier Cansler:

My grandmother always told me that when you get lemons, you make lemonade. Undoubtedly, the current economic and budget situation has delivered a truckload of lemons.

The national economic recession, and the significant impact it has had on North Carolina's economy, has presented our state government with financial challenges most would say unparalleled since the Great Depression.

The North Carolina Department of Health and Human Services (DHHS) is challenged to maintain critical health-care and human services for a growing and aging population, with increasing needs and demands brought on by economic conditions, but with a decreasing availability of funds. Since the impact of the economic downturn began less than two years ago, the Legislature has found it necessary to reduce the DHHS state appropriations by approximately 20 percent, from \$4.91 billion in fiscal



Secretary Lanier Cansler

year 2008-09 to \$3.95 billion for fiscal year 2010-11.

The budget for the next fiscal year (2011-12) is expected to present the greatest challenge as additional cuts will likely be necessary on the heels of these two years of substantial spending reductions.

During this past 18 months, the DHHS Team has demonstrated a tremendous ability to work together in identifying innovative ways to maximize the benefit of available funds and keep critical services accessible to the people of North Carolina. It hasn't been easy, and many decisions to establish priorities have been extremely difficult. Some services and programs have been curtailed or even eliminated, but those most critical to the individuals we serve have continued substantially uninterrupted. While additional tough decisions lie ahead, and more changes will be necessary, we can be proud of what we have accomplished to date.

When we initiated the DHHS Excels effort, we wanted to focus on how much more the Department could accomplish if we tore down the divisional silos, ended the turf battles, and brought our

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resources, expertise, and experience together to work as a real team focused on the people we serve rather than the divisions in which we work. DHHS Excels offers a real strategy for accomplishing more for North Carolina by leveraging our assets and refining our focus. There may never be a more important time than now to dedicate ourselves to that effort and accomplishing our mission.

So I believe my grandmother's advice still holds true today. We can criticize and complain about the situation and decisions made by the Legislature, or we can take the opportunity to reshape and reform our efforts utilizing the strategies of DHHS Excels so that when additional dollars are available to invest in DHHS, our programs, and our services, we will be better positioned to be more effective and have a sharper focus allowing us to do even more for the millions of people we serve.

I am very proud of the DHHS Team and want to personally thank you for your dedication to this Department and, more importantly, the people of North Carolina.

Together, we can all look forward to the day we'll applaud our accomplishments and sip on an ice cold glass of lemonade. ■

DHHS takes on statewide challenge of coordinating Health Information Technology initiative

Dr. Steve Cline becomes assistant secretary for HIT

DHHS is taking the lead in the development of a statewide health information system. The goal is to have federal and state stakeholders and medical practices from hospitals and clinics and ambulatory surgery centers to private practices all able to share critical health information digitally.

Secretary Lanier Cansler established the Office of Health Information Technology and Dr. Steve Cline was named to the post of assistant secretary for Health Information Technology effective June 1. Cline was formerly deputy state health director in the Division of Public Health.

Those cumbersome paper-filled files that reflect each patient's medical care rendered by various providers will ultimately be replaced with computer-generated data that can provide instant access to a patient's medical history, or data bytes that could show in a flash how many cases of shingles were reported in the past month. The end result will be an improvement in health care and services in the state.



Dr. Steve Cline

"We have a lot of work to do," Cline said. "With a few exceptions, health care providers have been slow to embrace the 'information age,' yet medical care technology is advancing at an alarming rate. We readily accept and even expect sophisticated utilization of personal electronic information in other parts of our lives. It's time to build an effective statewide HIT network of systems."

Cline said patient-specific clinical information "is needed to coordinate care, prevent unnecessary duplication of efforts and build a system of continuous quality improvement based on having the right information in the right place at the right time."

To get this effort rolling, Cline will be coordinating HIT efforts across state government and with other key stakeholders statewide, while ensuring consistency with federal policy and initiatives. Cline's office is funded primarily through funds made available through the American Recovery and Reinvestment Act of 2009 (ARRA).

Better use of HIT is considered as critical to successful outcomes for all who are in need of health care. Imagine being unconscious, needing medical attention, and no one is available to share your medical history with the care provider. Now imagine instant access to critical information that could help the provider steer clear of treatment that may result in allergic reactions.

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Examples of efforts the Office of HIT will be addressing include:

- **Sharing of clinical data between healthcare providers involved in the care of individual patients.**
- **Assuring the privacy and security of personal health information.**
- **Coordinating, planning and implementing state level health information exchanges, including Medicaid, that enable healthcare providers to achieve meaningful use of electronic health records (EHR).**
- **Promoting EHR adoption toward the goal of every person having an EHR by 2015.**
- **Establishing public health reporting of health information for the purpose of improving population health.**
- **Improve the quality and efficiency of healthcare delivery.**
- **Guiding the development of HIT statewide through strategic planning.**

Cline brings more than 26 years of state and local public health experience to the job. He served as the chair of the Governor's Health Information Technology Strategic Planning Task Force in the spring of 2009. He is a North Carolina native with a B.S. Degree from Davidson College and D.D.S. and M.P.H. degrees from the University of North Carolina at Chapel Hill. His office is located in the Adams Building, 101 Blair Drive, Raleigh, NC. He can be reached at (919)733-4534 or steve.cline@dhhs.nc.gov.

To learn more about HIT efforts in North Carolina, please go the new DHHS website **www.healthIT.nc.gov**. ■

– Jim Jones, DHHS Public Affairs

Teamwork continues to move DHHS Excels forward

June was a busy month for about 100 people involved in two important aspects of DHHS Excels – further defining the five departmental goals and implementing the five values, published in the two previous editions of DHHS Employee Update.

Strategies & Measures

Five separate teams, one for each goal, have been meeting to define strategies and measures for the department's five performance goals. There have been hours of meetings, exchanges of information, debates and discussions to determine the best strategies for achieving successful outcomes for each of the goals for DHHS and how to measure for results. These teams were working against a June 30 deadline so that the next biennial budget can reflect alignment with the department's goals.

DHHS Values

Five different teams have been discussing how the five values are reflected in employee work practices. This requires looking at work plans, dimensions and other human resources tools to determine how to incorporate our new values as well as streamline the process to achieve the desired outcome: A prepared and enabled workforce to provide excellent customer service to North Carolinians in need of assistance. The values teams also had a June 30 deadline.

These DHHS teams are not working in isolation. Not only have our goals been aligned with those of Governor Bev Perdue, but also all work has been conducted in collaboration with the Office of State Budget & Management and with the Office of State Personnel.

Allen Feezor, executive sponsor of the Values Subcommittee, told that group about one of his first meetings with Secretary Cansler who explained his vision to unleash DHHS' inherent energy, creativity and dedication so that DHHS can achieve exemplary status among other North Carolina state government agencies. It is not often, he added, that employees have the opportunity to help shape a "legacy that will impact how the agency will be perceived well into the future." ■

*– Sandra K. Trivett,
Special Projects Office*



Learn more about DHHS Excels and what it means for you.

Regional informational meetings are being planned for late July and August.



DHHS Excels Email, Questions and Answers:

Q: This is regarding the use of the concepts of Anticipatory at the national, state and local levels, and the concepts of being proactive and prepared:.

The Medical Eye Care Program is total state funding. I would be interested in determining whether the new health care billings will cover these needs. The state would be able to save money from this entire program. The (new) health care regulations are starting to kick in.

Secondly, the Rehabilitation Program has large grants for surgeries. Again with proper implementation this will be covered through Medicare, Medicaid and the Health Care Reform bill.

You need to start tailoring negotiations, and anticipating change.

A: Thank you for your comments to the DHHS Excels Email Box. Thanks also for focusing on the importance of anticipating change in the area of health care reform. We have already started meeting with DHHS divisions impacted by Health Care Reform. Several divisions have completed an initial analysis of potential changes; others will do so soon.

We are in the process of forming a multi-divisional work group that will meet over the next two months to fully analyze the law and develop a DHHS work plan for its implementation. Another part of this endeavor is to anticipate the short- and long-term cost implications for the department as well as the individuals and families we serve. The work group will also allow us to plan across agency lines.

The total impact of health care legislation will take time to fully understand since the federal government is releasing details in phases. For example, most immediate changes are around the private insurance exchanges. We do know that people whose income is at 133 percent of the poverty level would become eligible for Medicaid. We do know that pediatric vision care is at the minimum reimbursement, but we do not yet know about others.

I am sharing your comments with the work group, and as we proceed we will make sure to include the Medical Eye Care Program and the Rehabilitation Program in our planning. Comments such as these are important to our efforts under DHHS Excels. Thanks for contributing to our success! ■

Aging Readiness survey under way

Select staff from across the spectrum of state government gathered in Raleigh on June 24 to prepare to assess the state's readiness for rapid growth of its aging population. These "aging liaisons" designated by their executive management teams will represent their agencies in a survey designed to help them assess where they are in preparing for this huge demographic shift. The survey gathers information on agencies' workforce issues, their current programs/services for older adults, use of technology and adaptive devices, built environment and future challenges.

Governor Bev Perdue issued Executive Order No. 54, which calls upon her cabinet agencies to assess their readiness for North Carolina's aging population and requests that other

state agencies participate. The order instructs the Division of Aging and Adult Services, Department of Health and Human Services (DHHS), and the Governor's Policy Office to work with the University of North Carolina Institute on Aging and the Governor's Advisory Council on Aging to carry out this survey. The survey is one part of the state's efforts to assess readiness for the aging population. A second phase will focus on local programs and services.

"The time to prepare is now," said DHHS Secretary Lanier Cansler in addressing the group. "We are going to see dramatic increases in the numbers of older adults in North Carolina in the coming years. This has implications not only for the programs in DHHS, but for all state agencies."

Perdue wants North Carolina to be prepared for exponential growth in the number of older adults within our state's population over the next 20 years. Projections for 2030 indicate that one out of every four people will be age 60 years or older. The number of North Carolinians age 65 years and older will have nearly doubled between 2009 and 2030, from 1.2 million to 2.1 million. While 37 of the state's counties currently have more people age 60 and older than people age 17 and younger, this number will increase to 71 counties by 2030. This population growth has significant implications for every government agency.

Information gathered from the survey process will be presented along with the results from the six Governor's Policy Roundtables held across the state in April, May, and June and at the Governor's Conference on Aging in October. Data from the survey will also be shared with the Governor's Advisory Council on Aging and will be used to write the State Aging Plan for 2011-2015. ■

– Lori Walston, DHHS Public Affairs



Secretary Cansler speaks to group of liaisons at the aging readiness survey orientation as Deputy Secretary Maria Spaulding, left, and Governor's Advisory Council on Aging Chair Pat Capehart-Brown look on.

Public Health receives national recognition for smoke-free restaurant legislation

North Carolina public health, including the N.C. Division of Public Health and the N.C. Association of Local Health Directors (NCALHD), was recently recognized by the American Nonsmokers' Rights Foundation (ANRF) with an Award of Excellence.

Accepting the award for N.C. public health were Director of Regulatory and Legal Affairs Chris Hoke, J.D. and Buncombe County Health Director Gibbie Harris, who also serves as chair of the policy and planning committee of NCALHD.

Bronson Frick, associate director, presented the ANRF award to the public health leaders who have worked hard to implement North Carolina's historic smoke-free restaurant and bar law. The new law, frequently referred to as House Bill 2, became effective on Jan. 2 this year and made almost all of the state's restaurants and bars smoke-free.



"We are especially pleased to make this national award in North Carolina," said Frick. "This is the most important victory in the history of the smoke-free movement. North Carolina's success has inspired advocates in other states and around the world."

House Bill 2 sponsors state Rep. Hugh Holliman and state Sen. William Purcell were also presented with ANRF's highest honor, the Smoke-Free Hero Award.

ANRF also presented an Award of Excellence to the North Carolina Alliance for Health for its role in successful passage and smooth implementation of the smoke-free law. In the fall of 2009, ANRF provided a grant to the Tobacco Prevention and Control Branch of the Division of Public Health to help with implementation of the new law, paying for training, materials and the development of the www.smokefree.nc.gov website.

The Smoke-Free Awards were presented April 23 during the North Carolina Public Health Association's spring conference in Durham. North Carolina's HB 2, which was supported broadly by the public health community and by the N.C. Restaurant and Lodging Association, made North Carolina the 26th state to enact smoke-free restaurant and bar legislation. ■

*— Ann Houston Staples,
Division of Public Health*

DHHS asks state agencies, private providers to post anti-fraud notices

As part of ongoing efforts to stop Medicaid fraud, waste and abuse, DHHS is asking physicians, therapists and other Medicaid providers, as well as county health departments and department of social services offices statewide to display a new tip-line poster.

DHHS Secretary Lanier Cansler is requesting that the posters be displayed in prominent locations inside more than 70,000 provider offices and state/county agencies. Part of DHHS' new "Medicaid fraud and abuse cost YOU!" campaign, the posters encourage citizens to report Medicaid fraud, waste and abuse to the Division of Medical Assistance via a toll-free hotline, 1-877-DMA-TIP1 (1-877-362-4871). A similar notice was mailed to nearly 900,000 Medicaid recipient households.

The public awareness campaign is also adding anti-fraud and anti-waste messages as a banner running across the top of provider claim status reports and the telephone hold message on provider

callers to HP enterprises, DMA's fiscal representative.

Besides private providers, county health and DSS offices, the posters and memo were distributed electronically to local and area aging offices, senior centers, adult day centers, vocational rehabilitation facilities and offices for services to the deaf and blind. ■

— Brad Deen, DHHS Public Affairs

Thinking Medicaid fraud and abuse "don't hurt anyone" is just wrong! Every dollar wasted or stolen is a dollar that could have been spent on health care for someone who needs it and who follows the rules. And those dollars add up—tens of millions in North Carolina each year.

Whether you're a Medicaid provider, recipient or simply a taxpayer, fraud and abuse cost YOU! If you know or suspect someone has gained Medicaid benefits improperly, report it to the state Division of Medical Assistance.

**Call 1-877-DMA-TIP1.
(1-877-362-8471)**

Or report online at www.ncdhhs.gov/dma/fraud/reportfraudform.htm

How you can save Medicaid dollars:

Keep all paperwork together.

Be alert for:

- Services promised but never given
- Unnecessary tests or procedures
- Repeat billing for same procedure
- Statements that don't match your actual health or medical condition

Do not allow anyone to use your Medicaid card.

Never sign a blank form.

Do not share medical records or your Medicaid number with anyone except your doctor, hospital, pharmacist or other health care provider.

Report Medicaid recipients who:

- Lie about eligibility
- Lie about medical conditions
- Forge prescriptions
- Sell prescription drugs
- Loan Medicaid cards to others

Don't feel guilty about reporting someone who steals health care from those who need and deserve it!

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**Medicaid
fraud/abuse
costs**

You



PCS providers sentenced for Medicaid fraud

Two personal care services providers in western North Carolina have been sentenced to nearly four years in prison for Medicaid fraud as part of a DHHS crackdown on abuse of the program intended to assure that needy citizens receive medical care.

Kristie Brake and Kimberly Miles, co-owners of Heritage Home Care in Sparta, pleaded guilty in U.S. District Court for Western North Carolina in May, ending a multiyear investigation and prosecution that involved nearly 16,000 fraudulent Medicaid claims. The two were sentenced Tuesday to 46 months imprisonment each and ordered to repay Medicaid more than \$600,000.

Personal Care Services (PCS) is a Medicaid program intended to provide in-home assistance to people with a disability that interferes with daily activities such as bathing, dressing, meal preparation, toileting or mobility. An investigation launched by the Division of Medical Assistance (DMA) Program Integrity unit, and taken over by the Medicaid Investigations Unit within the N.C. Attorney General's Office, found that Heritage:

- Claimed to provide PCS to a recipient who had died.
- Billed for a recipient who had moved hundreds of miles away from Alleghany County.
- Falsified in-home aides' time sheets.
- Submitted fraudulent nursing assessments.
- Forged physician signatures.
- Paid close relatives of PCS recipients to be their in-home aides.
- Paid bonuses to aides for referrals of PCS clients.

Brake and Miles submitted 15,833 fraudulent Medicaid claims totaling \$622,405.89, all of which the federal court on June 15 ordered to be repaid.



DMA has terminated Heritage from billing N.C. Medicaid.

DHHS Secretary Lannier Cansler said he was "thrilled" at the outcome of the case, but he noted Heritage "is only one of a number" of Medicaid fraud cases in various stages of investigation or prosecution.

"More than just the blatant illegality, what's

troubling is that every dollar these people stole from taxpayers is a dollar that could have been spent to provide health care to someone who needs it and who follows the rules," Cansler said. "We are in the midst of a budgetary struggle that has every agency in state government, including Medicaid, tightening their belts. How badly is that \$600,000 needed right about now?"

DHHS has been working with an independent agency to assess all PCS recipients and to ensure appropriate levels of service. The department has also begun targeting Medicaid fraud, waste and abuse more aggressively, including a partnership with IBM that uses sophisticated computer analysis to identify suspicious claims. To further investigate and prosecute offenders, current budget proposals would add staff to the Attorney General's Medicaid Investigations Unit. ■

— Brad Deen, DHHS Public Affairs

Emergency respite program helps kids in crisis

Murdoch Developmental Center in Butner unveiled TRACK, its new crisis respite program for children and adolescents with a dedication and open house on June 23. DHHS Secretary Lanier Cansler was on hand to take part in the program and tour the facility, which is located in Arbor Cottage on the Murdoch campus.

TRACK – Therapeutic Respite Addressing Crisis in Kids – is an emergency respite program for children and adolescents ages 5-17 who are in a behavioral crisis. The intent is to provide an alternative for families or guardians with children in behavioral crisis and to keep these children from being housed in emergency rooms or psychiatric hospitals.

“TRACK will serve children from across the state that have moderate to profound intellectual disabilities and/or autism spectrum disorders and are in a behavioral crisis,” said Murdoch Director Aleck Myers. “Individuals with mild intellectual disabilities are evaluated for appropriateness for admission on a case-by-case basis.”

TRACK is designed to divert children in crisis from emergency departments and psychiatric hospitals when appropriate community-based crisis services have been exhausted. The program provides professional and support services and 24-hour staff coverage to assure safety and therapeutic programming integrated across all areas of training.

“Treatment in the TRACK program utilizes a behavior analytic approach with the primary focus of the program being the stabilization of the child’s behavior so they can return to their homes in the community as quickly as possible,” Myers added.

The TRACK program partners with Local Management Entities to ensure community reintegration planning is ongoing and discharge occurs on schedule. In keeping with the goal of crisis respite, the TRACK program offers admissions seven days a week with stays limited to three to 45 days. ■

– Mark VanSciver,
DHHS Public Affairs

Murdoch Developmental Center



DPH joins in national accreditation discussion

Drs. Mary Davis, with the North Carolina Institute for Public Health, and Joy Reed, with the Division of Public Health, joined teams from four other states in Washington, D.C., June 21 – 23 to educate their congressional delegations about the importance of accreditation for public health agencies.

The trip was sponsored by the Robert Wood Johnson Foundation which is funding, along with the Centers for Disease Control and Prevention, the development of a national accreditation system for state, local and tribal public health agencies.

Because our state already has a system in place to accredit its 85 local health departments, North Carolina has been a leader in this effort and has representatives on every committee who are working to develop the new national system. Former State Health Director Leah Devlin is a member of the new Public Health Accreditation Board that will oversee implementation of the national voluntary accreditation program.

While in Washington, Davis and Reed met with the staff of Sens. Richard Burr and Kay Hagan to describe the accreditation program and its benefits

in our state. The senators have been asked to sign a bi-partisan editorial supporting accreditation for public health agencies.

They also met with Reps. David Price, Bob Etheridge and Sue Myrick and their staffs to ask for support in advocating to the U.S. Department of Health and Human Services to make public health accreditation part of the National Prevention Strategy through the Prevention and Public Health Fund. The Public Health Fund was created as part of the Patient Protection and Affordable Health Care Act passed by Congress on March 23, 2010. ■

– Julie Henry, DHHS Public Affairs

Beware of hot days

June's high temperatures boost heat-related illness rate

Last month's weeks of high temperatures provided a good reminder of the health-related impact of extreme heat. Now that summer is upon us, there's all the more reason to exercise caution when outdoors.

During periods of high temperatures, it is particularly important to keep a close watch on children and older North Carolinians who may experience difficulty with prolonged exposure.

Children should not be left in cars, and pets should



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The Battle against “Content ROT”

Third annual website certification begins this month

The web is the public face of DHHS. We have thousands of pages on the web, and tens of thousands of people come to our website every month.

As web manager for the department, I work to ensure we have professional and accurate web content. Put another way, I detect and eradicate “content ROT.” “Rotten” content is redundant, outdated, and trivial.

How can we identify ROT in our thousands of web pages? The primary tool is our annual website certification. During certification, every single page gets checked by the content expert, and they “certify” that the page is accurate, relevant, and up-to-date.

Division web content managers will receive lists of every single page of their website this month. They will assign pages to subject matter experts to review. By the end of October, web content managers need to report to Public Affairs that all pages of their website are certified to be current, relevant and links are appropriate.

“Our websites need to reflect well on the department,” said Renee McCoy, director of Public Affairs. “When asked to review web pages as part of the annual certification process, please take your role seriously. The web is the window to this agency. We want to ensure accurate, well-organized, well-maintained web pages that show

our customers we care enough to make it right. That’s the heart of customer service.”

Sites that have just been redesigned and made live in 2010 will be exempted from certification, since they have been completely reviewed already. However, all other DHHS websites will receive certification. Any website that represents a division/office/facility/program of DHHS and is created and maintained using DHHS resources is subject to certification. This includes “branded” and training websites as defined in departmental policy. ■

*– Lois Nilsen,
DHHS Web Manager*

Beware of hot days, continued from page 12

be provided plenty of water and shade, or brought indoors. Last month was our hottest June on record. There’s no telling what to expect for the rest of the summer.

From June 11 through June 28, data from the North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) indicated that about 320 people sought medical treatment in hospital emergency departments across the state for a heat-related illness.

The majority of heat-related ED visits recorded were among young and middle-aged adults. Most of these people were exposed to heat while playing or working outdoors.

The N.C. Division of Public Health reminds North Carolinians to take precautions in extreme heat this summer. For tips on avoiding heat-related illness, visit the Injury Prevention website at:

<http://www.injuryfreenc.ncdhhs.gov/preventionResources/Heat.htm>. ■

Ninth annual Epidemiology and Evaluation Posters: A Huge Success!

Over the last eight years, the Epidemiology and Evaluation Team (EET) Annual Poster Day has become synonymous with fun, eye-catching posters and thought-provoking discussion. This year was no different.

On May 14 the EET held its ninth annual Poster Day at the Raleigh Six Forks campus of the Division of Public Health (DPH). Although many DPH employees take advantage of opportunities to present their research in the academic arena, Poster Day provides an open forum for the presentation of data and project outcomes to an internal audience. State Epidemiologist Dr. Megan Davies welcomed Poster Day attendees with an opening address to launch the event.

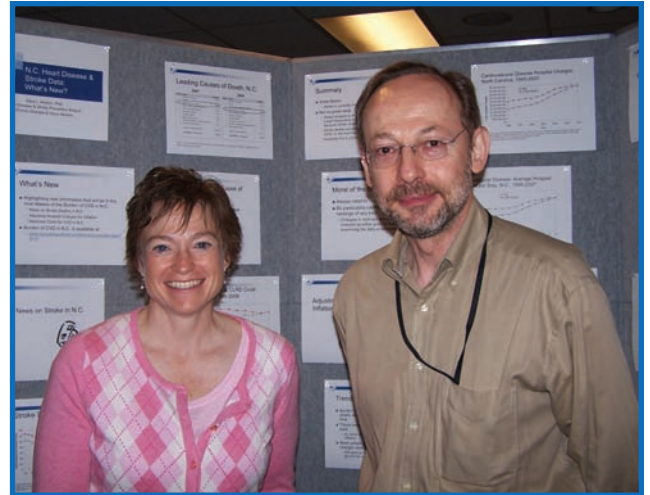
More than 100 people from all sections of DPH attended the 3.5-hour event. Although Poster Day originated as a showcase for chronic disease and injury, it has expanded to highlight innovations in infectious disease epidemiology, maternal and child health, environmental health, and other disciplines. In addition to the 20 posters displayed, attendees were treated to snacks and door prizes provided by EET members.

One of the most exciting aspects of this year's Poster Day was the "People's Choice Award" for best poster. It was a tight race, but Alvina Long of Women's and Children's Health took first-place for her poster entitled, "Are You Ready? What's Your Plan?". Congratulations also to second-place winners Dianne Enright and Kathleen Jones-Vessey (State Center for Health Statistics) for

the poster Spatial and Temporal Analysis of North Carolina Key Health Indicators and third-place winners Scott Proescholdbell, Tammy Norwood, and Katherine Harmon (Injury and Violence Prevention Branch) for Deaths from Violence in North Carolina. The EET agreed that this competition should be continued in the future, so presenters will have another chance to win the blue ribbon next year.

The EET would like to thank all presenters and attendees who made Poster Day such a success. In addition, the EET would like to thank all EET members and other DPH volunteers who helped with planning, coordination, outreach, snacks, set-up, and clean-up.

The EET is a group of DPH employees with an interest in epidemiology and evaluation. The EET meets monthly under the leadership of Sarah McCracken-Cobb and Sara Huston to discuss project successes and challenges. The group convenes on the fourth Monday of every month from 10:00-11:30 a.m. at the DPH Six Forks Campus. For additional information or



EET Co-Chair Sara Huston presents her poster on N.C. heart disease and stroke data to Jean Marie Maillard of the General Communicable Disease Control Branch.



State Epidemiologist Megan Davies admires a poster on the National Toxic Substance Incidents Program presented by Jennifer McNew from Occupational and Environmental Epidemiology.

to inquire about group membership, please contact Sarah McCracken-Cobb (sarah.mccracken@dhhs.nc.gov) or Sara Huston (sara.huston@dhhs.nc.gov). ■

— Katherine J. Harmon,
Division of Public Health

Employees, contractors and volunteers take note

Laws require separation of workplace, politics

As we enter the fall 2010 political season, it is important for all DHHS employees, contractors and volunteers to be reminded that while the department encourages participation in the political process, it is very important to keep those activities removed from the work place.

DHHS receives much of its funding from the federal government and must comply with the Federal Hatch Act. The act covers both state as well as local agencies who receive federal funds either directly or as pass-through funding. Penalties for violating the act include requiring the agency (in our case, DHHS) to either “remove the employee or forfeit a portion of the federal assistance equal to two years salary of the employee.”

As a DHHS employee, contractor, or volunteer, you may not:

- 1. Take any active part in managing a campaign, or campaign for political office, or otherwise engage in any political activity prohibited by federal or state law nor engage in political activities while on duty or within any period of time during which you are being paid to perform services for the state.**
- 2. Use the authority of your position or utilize work time or state equipment, information systems, funds, supplies, vehicles, or other resources to secure support for or oppose any candidate, party, or issue in a partisan election. For example, sending or receiving politically-related e-mails on state computers is prohibited.**
- 3. Promise rewards or threaten losses to encourage or coerce anyone to support or contribute to any political issue, candidate, or party.**
- 4. Post signs, notices, or other materials related to any national, state, or local political party or candidate in or on property owned, leased, or used by the department in the conduct of official business.**

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Laws require separation of workplace, ... politics, continued from page 15

Please be sensitive to those around you. Political conversations, badges, buttons, emblems, posters, and other political items are not only inappropriate in the workplace, but may be offensive to others.

If a public issue involves some aspect of your job, you must follow the proper procedures and use the appropriate channels for distributing such information. The Office of Public Affairs and designated program individuals have primary responsibility for informing the media and appropriate concerned citizens when necessary. Department opinions/statements must follow this regimen.

For further information you may refer to the DHHS Political Activities policy. The policy is accessible through the following Internet link: http://info.dhhs.state.nc.us/olm/manuals/dhs/pol-50/man/Pol2_ER_HatchAct.pdf

Violation of this policy may result in disciplinary action, up to and including dismissal.

If you are in doubt as to whether any particular activity is prohibited, you should present the matter in writing to your immediate supervisor and refrain from such activity until advised by your supervisor. ■